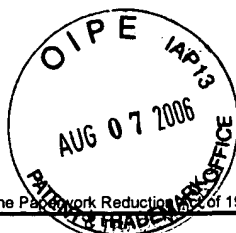


| AMENDMENT TRANSMITTAL LETTER | | | Docket No. Honeywell: H0004151; BSKB: 2929-0210P | |
|--|---|---|--|---------------|
| Application No. 10/658,044-Conf. #1970 | Filing Date September 9, 2003 | Examiner D. J. Cavallari | Art Unit 2836 | |
| Applicant(s): That NGUYEN | | | | |
| SYSTEM AND METHOD UTILIZING A SOLID STATE POWER CONTROLLER (SSPC) FOR Invention: CONTROLLING AN ELECTRICAL LOAD OF A VARIABLE FREQUENCY THREE-PHASE POWER SOURCE | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 22 | - 22 = | | x |
| Independent Claims | 3 | - 3 = | | x |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Extension for response within first month | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | 120.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$ <u>120.00</u> is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
| D. Richard Anderson Attorney Reg. No.: 40,439 BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8035 | | | Dated: <u>August 7, 2006</u> | |



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--------------------|--------------------------|---|
| FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 10/658,044-Conf. #1970 |
| | | Filing Date | September 9, 2003 |
| | | First Named Inventor | That NGUYEN |
| | | Examiner Name | D. J. Cavallari |
| | | Art Unit | 2836 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | Honeywell: H0004151 BSKB: 2929-0210P |
| TOTAL AMOUNT OF PAYMENT | (\$) 120.00 | | |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------|--------------------------------|----------------------------------|---------------------|-----------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| 2. EXCESS CLAIM FEES | | | | | | | Fee (\$) |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| | | | | | | | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 22 | | - 22 = | x | = | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | | - 3 = | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| | - 100 = | /50 | | (round up to a whole number) x | | | |
| | | | | | | | Fees Paid (\$) |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 120.00 |

| | | | |
|---------------------|---------------------|-------------------------|------------------|
| SUBMITTED BY | | Registration No. | Telephone |
| Signature | | 40,439 | (703) 205-8035 |
| Name (Print/Type) | D. Richard Anderson | Date | August 7, 2006 |